

<b>Case Number:</b>	CM15-0139055		
<b>Date Assigned:</b>	07/29/2015	<b>Date of Injury:</b>	01/09/2009
<b>Decision Date:</b>	09/24/2015	<b>UR Denial Date:</b>	07/09/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/17/2015

### HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: Texas, California

Certification(s)/Specialty: Family Practice

### CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

The injured worker is a 44-year-old female, who sustained an industrial injury on 1/9/2009. The mechanism of injury is injury from being struck and pinned by a forklift. The current diagnoses are left cervical radiculopathy, left bicep's tenosynovitis, left De Quervain's tenosynovitis, cervical myofascial pain, thoracic myofascial pain, and cervicgia. According to the progress report dated 3/18/2015, the injured worker complains of neck and left arm symptoms. Since her last visit, she reports that her symptoms have worsened and that she is experiencing more numbness to her left shoulder. The pain is rated 8/10 on a subjective pain scale. The physical examination reveals decreased left biceps reflex, diminished sensation left C5 dermatome, and hypertonicity of right rhomboid, thoracic paraspinals, and trapezii with noted twitch. There is tenderness to palpation over the extensor pollicis brevis, abductor pollicis longus, and left biceps origin. The current medications are Viibryd and Ketoprofen cream. It is unclear when the requested Ketoprofen cream was originally prescribed. Treatment to date has included medication management, physical therapy, MRI studies, electro diagnostic testing, and chiropractic. Work status is described as permanent and stationary. A request for CM3 - Ketoprofen cream 20% has been submitted. The patient has had EMG of left upper extremity on 10/17/13 that was normal. The patient has had MRI of the cervical spine on 9/13/12 that revealed mild central canal stenosis, and degenerative changes. A recent detailed clinical examination of the gastrointestinal tract was not specified in the records provided.

### IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

**CM3 - Ketoprofen cream 20%:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-113.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain - Topical Analgesics, pages 111-112 Topical Analgesics Page(s): 111-113.

**Decision rationale:** Request CM3 - Ketoprofen cream 20%. According to the MTUS Chronic Pain Guidelines, regarding topical analgesics state that the use of topical analgesics is "Largely experimental in use with few randomized controlled trials to determine efficacy or safety, primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed". There is little to no research to support the use of many of these agents. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. MTUS guidelines recommend topical analgesics for neuropathic pain only when trials of antidepressants and anticonvulsants have failed to relieve symptoms. A trial of antidepressants and anticonvulsants for these symptoms were not specified in the records provided. Intolerance or contraindication to oral medications was not specified in the records provided. Ketoprofen is a NSAID. Per the cited guidelines, "Ketoprofen: This agent is not currently FDA approved for a topical application. It has an extremely high incidence of photo contact dermatitis." Per the cited guidelines, "Non-steroidal anti-inflammatory agents (NSAIDs): The efficacy in clinical trials for this treatment modality has been inconsistent and most studies are small and of short duration". In addition, as cited above, any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. Topical Ketoprofen is not recommended in this patient. The medical necessity of the CM3 - Ketoprofen cream 20% is not medically necessary in this patient.